IDAHO PARTNERSHIP RETURN OF INCOME

2002

If this	s is an amended return, check the box.									
See instructions, page 3 for the reasons			<u> </u> Mo	Day	Year		Мо	Da	ıy	Year
for a	or amending and enter the number. For calendar year 2002, or fiscal year beginning				02	ending				
Busin	ess name		Federal employer ident	ification nun	nber					
			•					'	• ト	M
Business mailing address Do you need Idaho income tax for mailed to you next year?					forms		Yes			No
City, S	tate and Zip Code									
1.	Did the partnership name change? If yes, enter the previous na	ame					Yes			No
2.	Enter the latest year for which a federal audit has been complete	∍d		. •						
3.	Is this a final return?						Yes			No
	If yes, check the proper box below and enter the date the event	occurred								
	Withdrawn from Idaho Dissolved									
1	Is this an electrical or telephone utility?						Yes			No
_	Did the ownership change during the year?						Yes		\Box	No
5.							163			INO
6.	Enter the amount of credit for qualifying new employees earned	-								
7.	a. Enter the amount of investment tax credit earned this tax year									
	b. Enter the amount of broadband equipment investment credit									
0	c. Enter the amount of credit for Idaho research activities earned a. Enter the amount of recapture of investment tax credit for this									
ο.	b. Enter the amount of recapture of investment tax credit for this	-								
	c. Enter the amount of recapture of incentive investment tax cre									
INIO		tult for triis tax	year			-				
	OME Ordinary income (loss) from trade or business activities. Form	1065 page 1				9				
10.	Net income (loss) from rental real estate activities. Form 1065,					0				
11.	Net income (loss) from other rental activities. Form 1065, Sche					1				
12.						2				
13.						3				
14.						4				
					ľ					
15.	Net distributable income. Add lines 9 through 13, and subtract	line 14.			1	5				
	DITIONS									
	Interest and dividends not taxable under Internal Revenue Code				-	6				
	State, municipal and local taxes measured by net income					7				
18.	Other additions				• 1	8				
19.	Add lines 15 through 18.				1	9				
	BTRACTIONS									
	Interest from Idaho municipal securities		20							
21.	Interest on U.S. Government obligations. Attach a schedule		21							
22.	Interest and other expenses related to lines 20 and 21		22							
23.	Add lines 20 and 21, and subtract line 22				2	23				
24.	Technological equipment donation					24				
25.	Allocated income. Attach a schedule		25							
26.	Interest and other expenses related to line 25. Attach a schedu	ıle •	26							
27.	Subtract line 26 from line 25.				2	27				
28.	Other subtractions				• 2	28				
29.	Total subtractions. Add lines 23, 24, 27 and 28				2	29				
0.0		0.6 11 1.5								
30.	Net business income subject to apportionment. Subtract line 2	9 trom line 19.			• 3	30				

							_		
31.	Net business income subject to apportionment. Enter the amount from line 30.							31	
32.	Partnerships with all activity in Idaho enter 100%. Multistate/multinational partnerships complete and								%
	attach Form 42. Enter the apportionment factor from line 21, Part I, Form 42.						- 1-	32	70
	Net business income apportioned to Idaho. Multiply line 31 by the percent on line 32.						33		
	Income allocated to Idaho. See instructions.						34 35		
	Idaho compensation of individual partners not reported to Idaho					-	36		
	36. Partnership income reported to Idaho on the partners' income tax returns						•	37	
		MPUTATION	d Subtract line 50.				-	31	
		income tax. Multiply line 37 by 7.6%.						38	
	EDIT							00	
		t for contributions to Idaho educational entities	S		39				
		tment tax credit. Attach Form 49			40				
		t for contributions to Idaho youth and rehabilita			41				
		t for production equipment using post-consum			42				
		ral resources conservation credit			43				
44.	Prom	oter-sponsored event credit			44				
		t for qualifying new employees. Attach Form 5			45				
		t for Idaho research activities. Attach Form 67			46				
47.	Broa	dband equipment investment credit. Attach Fo	orm 68		47				
		tive investment tax credit carryover. Attach Fo		-	48		\neg		
		credits. Add lines 39 through 48		L	-			49	
10.		o. oa. oa					-	73	
50.	Subti	act line 49 from line 38. If line 49 is greater the	an line 38, enter ze	ro.				50	
		TAXES							
51.	Perm	anent building fund tax. See instructions					-	51	
52.	2. Fuels tax due. Attach Form 75.							52	
53.	3. Tax from recapture of investment tax credit. Attach Form 49R						53		
54.	54. Tax from recapture of broadband equipment investment credit. Attach Form 68R					-	54		
55. Tax from recapture of incentive investment tax credit. Attach Form 69R.						-	55		
							Ī		
56. Total tax. Add lines 50 through 55.							•	56	
PAYMENTS and OTHER CREDITS									
57. Estimated tax payments						•	57		
58. Special fuels tax refund Gasoline tax refund Attach Form 75.							58		
59. Total payments and other credits. Add line 57 and line 58.								59	
	If line	e 56 is more than line 59, GO TO LINE 60. I	f line 56 is less th	an line 59	, GC	TO LINE 63.			
REI	FUND	or PAYMENT DUE							
		Oue. Subtract line 59 from line 56					-	60	
C4 Danath = Interest from due data = Entertatal						Enter total	Ī	24	
61. Penalty • Interest from due date _• Enter total.						-	61		
62. TOTAL DUE. Add lines 60 and 61.						-	62		
				_	_				
63.	Over	payment. Subtract line 56 from line 59			53				
64.	REF	JND. Amount of line 63 you want refunded to	you	• 6	64				
65. ESTIMATED TAX. Amount you want credited to your 2003 estimated tax. Subtract line 64 from line 63.							•	65	
AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.									
66.	66. Total tax due (line 62) or overpayment (line 63) on this return							66	
	67. Refund from original return plus additional refunds							67	
	68. Tax paid with original return plus additional tax paid						68		
	69. Amended tax due or refund. Add lines 66 and 67 and subtract line 68.					ļ	69		
■ Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it								-	
	Uı	nder penalties of perjury, I declare that to the best of	1 .				_		and FIN CON FETT
	.	Signature of officer	Date	Paid preparer	s sigi	iatufe			rer's EIN, SSN, or PTIN
	GN	■ Title	Phone number	Address and p	hone	number		•	
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